## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number 19747982

| CLAIMS AS FILED - PART I (Column 1) (Column 2)                      |                                                                                       |                                           |                  |                      |                      |                  |            | SMALL ENTITY TYPE   |                        | OR      | OTHER THAN<br>OR SMALL ENTITY |                        |
|---------------------------------------------------------------------|---------------------------------------------------------------------------------------|-------------------------------------------|------------------|----------------------|----------------------|------------------|------------|---------------------|------------------------|---------|-------------------------------|------------------------|
| TOTAL CLAIMS                                                        |                                                                                       |                                           | 15               |                      |                      |                  |            | RATE                | FEE                    |         | RATE                          | FEE                    |
| FOR ·                                                               |                                                                                       |                                           | NUMBER FILED     |                      | NUMBER EXTRA         |                  |            | BASIC FEE           | 355.00                 | OR      | BASIC FEE                     | 710.00                 |
| TOTAL CHARGEABLE CLAIMS                                             |                                                                                       |                                           | 15 minus 20=     |                      | *                    | U                |            | X\$ 9=              |                        | OR      | X\$18=                        | 1                      |
| INDEPENDENT CLAIMS                                                  |                                                                                       |                                           | 3 minus 3 =      |                      | *                    | 0                |            | X40=                | -                      | OR      | X80=                          |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT                                    |                                                                                       |                                           |                  |                      | ···                  |                  |            | +135=               |                        | OR      | +270=                         |                        |
| * If the difference in column 1 is less than zero, enter            |                                                                                       |                                           |                  |                      | r "0" in c           | olumn 2          | l          | TOTAL               |                        | OR      | TOTAL                         | 710                    |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)        |                                                                                       |                                           |                  |                      |                      |                  |            | SMALL E             | NTITY                  | OR      | OTHER<br>SMALL E              |                        |
|                                                                     | · · · · · · · · · · · · · · · · · · ·                                                 | (Column 1)<br>CLAIMS                      | 51-76-75-77      | (Colui<br>HIGH       |                      | (Column 3)<br>I  | )<br>1     | - JMALL I           | ADDI-                  | )<br>   | OMALL                         | ADDI-                  |
| AMENDMENT A                                                         |                                                                                       | REMAINING<br>AFTER<br>AMENDMENT           |                  | NUM<br>PREVI<br>PAID | OUSLY                | PRESENT<br>EXTRA |            | RATE                | TIONAL<br>FEE          |         | RATE                          | TIONAL<br>FEE          |
|                                                                     | Total                                                                                 | *                                         | Minus            | **                   |                      | =                |            | X\$ 9=              |                        | OR      | X\$18=                        |                        |
|                                                                     | Independent                                                                           | *                                         | Minus            | ***                  | T CL AIM             | =                | ┨ ┃        | X40=                |                        | OR      | X80=                          |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  BEST AVAILABLE COPY |                                                                                       |                                           |                  |                      |                      |                  |            | +135=               |                        | OR      | +270=                         |                        |
| DEGI AVAILADEL COFF                                                 |                                                                                       |                                           |                  |                      |                      |                  |            | TOTAL<br>ADDIT. FEE |                        | OR      | TOTAL<br>ADDIT. FEE           |                        |
|                                                                     |                                                                                       | (Column 1)                                |                  | (Colu                | mn 2)                | (Column 3)       |            | ADDII. FEE          |                        |         | AUDI1.1 EE                    |                        |
| AMENDMENT B                                                         |                                                                                       | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                  | HIGH<br>NUM<br>PREVI | IEST<br>IBER         | PRESENT<br>EXTRA |            | RATE                | ADDI-<br>TIONAL<br>FEE |         | RATE                          | ADDI-<br>TIONAL<br>FEE |
|                                                                     | Total                                                                                 | *                                         | Minus            | **                   |                      | =                | ] [        | X\$ 9=              |                        | OR      | X\$18=                        |                        |
|                                                                     | Independent                                                                           | *                                         | Minus            | ***                  |                      | =                | ]          | X40=                |                        | OR      | X80=                          |                        |
| L                                                                   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                        |                                           |                  |                      |                      |                  | ┛┆         | +135=               |                        | OR      | +270=                         |                        |
|                                                                     |                                                                                       |                                           |                  |                      |                      |                  | l          | TOTAL               |                        |         | TOTAL                         |                        |
|                                                                     |                                                                                       |                                           |                  |                      |                      |                  |            | ADDIT. FEE          |                        | On      | ADDIT. FEE                    |                        |
| <del></del>                                                         |                                                                                       | (Column 1)<br>CLAIMS                      | 1                | (Colu                | mn 2)<br>HEST        | (Column 3)       | )<br>-     |                     | <u> </u>               | 1 1     | ·                             |                        |
| AMENDMENT C                                                         |                                                                                       | REMAINING<br>AFTER<br>AMENDMENT           |                  | NUM<br>PREVI         | IBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA |            | RATE                | ADDI-<br>TIONAL<br>FEE |         | RATE                          | ADDI-<br>TIONAL<br>FEE |
|                                                                     | Total                                                                                 | *                                         | Minus            | **                   |                      | =                | J [        | X\$ 9=              |                        | OR      | X\$18=                        | · ï                    |
|                                                                     | Independent                                                                           | *                                         | Minus            | ***                  |                      | =                | <b>┧</b> ╏ | X40=                |                        | OR      | X80=                          |                        |
| Ľ                                                                   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                        |                                           |                  |                      |                      |                  |            | +135=               |                        |         | . 270                         |                        |
| •                                                                   | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |                                           |                  |                      |                      |                  |            |                     |                        | OR      | +270=                         |                        |
| **                                                                  | If the "Highest Nu                                                                    | mber Previously P<br>mber Previously P    | aid For" IN THIS | SSPACE               | is less tha          | n 20, enter "20  | 0."        | TOTAL<br>ADDIT. FEE |                        | OR      | TOTAL<br>ADDIT. FEE           |                        |
|                                                                     |                                                                                       | mber Previously Pa                        |                  |                      |                      |                  |            | ınd in the app      | propriate box          | x in co | lumn 1.                       |                        |